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SUBSTRATE ISOLATION DESIGN

Appl. No. : 10/711,036 Confirmation No. 5035
Applicant : Tsun-Lai Hsu
Filed : August 19, 2004
TC/A.U. : 2811
Examiner : Douglas W. Owens
Docket No. : NAUP0578USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

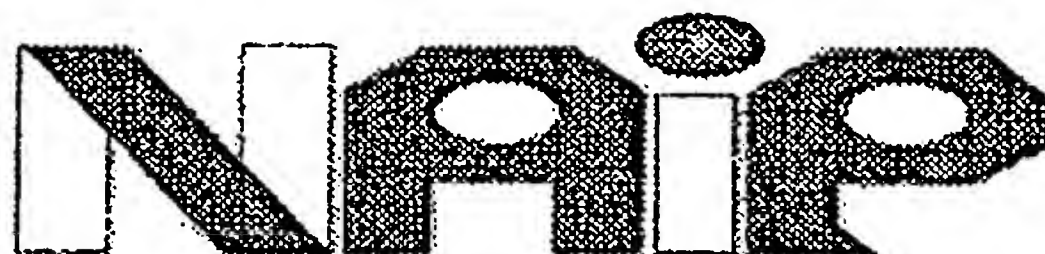
Sir:

- 5 In response to the Office action of August 17, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/711,036

Attorney Docket No.: NAUP0578USA

Subject: Response to the Office Action mailed on 08/17/2005

Total Pages: 10 pages (including cover page)

Winston Hsu 11/11/2005

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,036	
	Filing Date	08/19/2004	
	First Named Inventor	Tsun-Lai Hsu	
	Art Unit	2811	
	Examiner Name	Douglas W. Owens	
Total Number of Pages in This Submission	9	Attorney Docket Number	NAUP0578USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	11/11/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Janice Chen</i>		
Typed or printed name	Janice Chen	Date	11/11/2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/711,036
		Filing Date	08/19/2004
		First Named Inventor	Tsun-Lai Hsu
		Examiner Name	Douglas W. Owens
		Art Unit	2811
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No.	NAUP0578USA

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-3105</u> Deposit Account Name: <u>North America Intellectual Property Corp.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 or HP = _____ x _____ = _____		- 20 or HP = _____ x _____ = _____		Multiple Dependent Claims		Fee (\$)	
HP = highest number of total claims paid for, if greater than 20		HP = highest number of total claims paid for, if greater than 20		Fee Paid (\$)		Fee Paid (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP = _____ x _____ = _____		- 3 or HP = _____ x _____ = _____		Fee Paid (\$)		Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3		HP = highest number of independent claims paid for, if greater than 3		Fee Paid (\$)		Fee Paid (\$)	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Fee Paid (\$)		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: _____						Fees Paid (\$)	

SUBMITTED BY			
Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526
Name (Print/Type)	Winston Hsu	Telephone	302-729-1562
		Date	11/11/2005

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